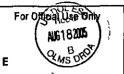
U.S Department of Labor Office of Labor-Management Standards Was ington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

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This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E Que Dela	
1 File Number U - 9890	2 Fiscal Year Covered From
7~~	1/1/2004 Through 12/31/2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name DAVID W SCHANEZ	Name BAKERS UNION LOCAL #3
	Labor Organization File Number 033-288
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any 2 ND FLOOR
Street 4/-07 CRESCENT STREET	Street 41-07 CRESCENT STREET
City LONG ISLAND CITY	City LONG ISLAND CITY
State NEW YORK ZIP Code + 4 ///0/-3805	State NEW YORK ZIP Code + 4 ///01-3805
5 Position in labor organization BUSINESS AGENT	
A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	
6 Name and address of Employer (including trade name, if any)	7 a Mature of Intelest, Flansaction, of Income
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	7 b Amount
Street .	7 8 Allount
City	
State , ZIP Code + 4	
ລ ເ . Sign	ature
15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the
Signed Daniel W Schanel	On 8/11/05 718-784-3476 XT 11

Name of Person Filing DAVID W. SCHANEL	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name BAKERS UNION3WELFARE FUND Trade Name, if any BCTGM LOCAL 3 WEZFARE FUND PO Box Bidg, Room No, if any 12 FLOOR Street 41-07 CRESCENT ST City LONG ISLAND CITY State NEW YORK ZIP Code +4 11101-3805	a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name BAKERS UNION LCL 3 WELFARE FUND	4 Dinners Sponsored By the BCTGM LL 3			
Trade Name, if any SCTGM LOCAL #3 WELFARE FUND	4 Dinners Sponsored By He BCTGM LL = 3 Welfare Found 3/2/04-106.84 9/8/04-96.71 6/8/04-109.66 12/14/04-9142			
PO Box, Bldg , Room No , if any ST FLOOR				
Street 4/-07 CRESCENT ST	11 b Approximate dollar value of such dealing 404.63			
City LONG ISLAND CITY	12 a Nature of interest held or income received			
State NOW YORK ZIP Code + 4 ///01-3805				
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg Room No , if any				
Street				
City				
State ZIP Code + 4				
13 h le the Business an Employer (1) or Consultant 2	14 b Amount of payment			

Name of Person Filing DAVIO W. SCHANEL	,	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any) Name GROUP HEALTH INSURANCE Trade Name, if any GHI P O Box Bidg, Room No, if any Street: 44/ NINTH AVE City NEW YORK State NEW YORK ZIP Code +4 //00/-/68/	9 Business deals with a Labor Organiza b Trust c Employer	tion			
Name BAKERS UNIDN LITS WELFARE FUND Trade Name, if any BCTGM LITS WELFARE FUND PO Box, Bldg Room No, if any ST FLOOR Street 41-07 CRESCENT ST. City Long ISLAND CITY State New YORK ZIP Code + 4 11/01-3805	In a Nature of such deals I - 18 Round of Realfast, Lund, Dinner 11 b Approximate dollar value 12 a Nature of interest heli	Golf Fournament Golf (bruvoal Entry Club) 2,25.00 est appe value 900.00 se of such dealing 225.00			
C Received from any employer (other than an employer covered unde	12 b Amount	With a first the second of the			
or from any labor relations consultant to an employer any payment of money	or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name	14 a Nature of payment	The second secon			
Trade Name if any	<u> </u>	,			
PO Box Bldg , Room No , if any	;				
Street					
City					
State ZIP Code + 4		****			
13 b. Is the Business an Employer or Consultant?	14 b Amount of payment				

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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in the instructions) It is a considered from the interest of interest Transaction, or income in the interest Transaction, or income interest in the interest Transaction, or income interest in the interest Transaction, or income
e, file number, and address of labor organization Bakers Union Local H3 r Organization File Number 033-288; Box, Building and Room Number, if any 2nd Floor HH-07 Crescent Street Long Island City New York ZIP Code + 4 1/10 / Informed or other economic benefit of seents or is actively seeking to represent.
Bakers Union Local H3 r Organization File Number 033-288 Box, Building and Room Number, if any 2 vd Floor 14 41-07 Crescent Street Long Island City New York ZIP Code + 4 1/10 / Inor child directly or indirectly had any of the following interests a forth in the instructions) Income or other economic benefit of seents or is actively seeking to represent.
Box, Building and Room Number, if any 2 vd Floor H 41-0'7 Crescent Street Long Island City New York ZIP Code + 4 1/10 / Inor child directly or indirectly had any of the following interests in forth In the instructions) Income or other economic benefit of esents or is actively seeking to represent.
Box, Building and Room Number, if any 2 vd Floor If 41-07 Crescent Street Long Island City New York ZIP Code + 4 1/10 / Inor child directly or indirectly had any of the following interests in forth in the instructions) Income or other economic benefit of esents or is actively seeking to represent.
Tong Island C. Ly New York ZIP Code + 4 1/10 / In the instructions) Income or other economic benefit of esents or is actively seeking to represent.
Long Island C. Ly New York ZIP Code + 4 1/10 / In child directly or indirectly had any of the following interests a forth in the instructions) Income or other economic benefit of esents or is actively seeking to represent.
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and other applicable penalties of the law that, all of the information ments) has been examined by the signatory and is, to the best of the
 Ar

Date

Telephone Number

oseph Rodriquez File Number U-Name of Person Filing B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name Bakers Union Local 3 Bottom a Labor Organization P O Box, Bldg Room No , if any , c Employer Street 41-07 Crescent Street Long Island City State New Yor K ZIP Code + 4 11101 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name 2 Dinners Spunsored by Board of Trustees Of Bakers Union Local 3 Welfare Fund Trade Name if any Dates 3)2)04 and 12/14/04 P O Box, Bidg Room No , if any Street 41-09 Crescent St. 11 b. Approximate dollar value of such dealing Long Island City 12 a Nature of interest held or income received 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any PO Box Bldg , Room No , if any 📜 Street City ZIP Code + 4 14 b Amount of payment or Consultant 13 b Is the Business an Employer

ame of Person Filling Joseph Rodriguez	File Number U-	
B H d an interest in or denived income or economic benefit with monetary vasubstantial part of which consists of buying from, settling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or settling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business rvely seeking to represent, or directly to, or otherwise	
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Madison Financia (Group)	, ,	
Trade Name, if any	a Labor Organization	
P O Box, Bldg , Room No , if any	b Trust	
Street 75 South Broadway	, c employer	
cm White Plains		
State Hew Ofk ZIP Code + 4 1 10601		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Bakers Union Local 3 Wel Fund	Idinner in Atknticat	+'(
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street HI-07 Crescent Street	11 b Approximate dollar value of such dealing	14 2000
cm Thong Island City	12 a Nature of interest held or income rece	
State New York ZIP Code + 4 [110]	i i	
	12 b Amount	have these amountains and the second of the
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
3 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State ZIP Code + 4		1
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	